

# **Guide to Measuring Client Satisfaction**

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**Updated for Gauteng  
Provincial Health Department**



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**A collaborative project between the  
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**Updated by Health Systems Trust**

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# **Introduction**

## **About this guide**

The main objective in undertaking this research study is to develop an instrument that will measure the satisfaction levels of clients utilising hospitals in South Africa. The client satisfaction tool (CS Tool) included in this guide drew on the experience of measuring client satisfaction at two district hospitals, East Griqualand and Usher Memorial Hospital in Kokstad and Gordonia Hospital in Upington. Experience was also drawn from a number of international studies, particularly from Ghana, the United States of America and the United Kingdom.

The set of indicators used in the CS Tool is comprehensive, in that it includes all factors pertaining to the process of health care delivery identified as important to patients. Therefore, if a health facility performs well on all of these; it will almost certainly be satisfying its patients. This has important implications for how to make services more responsive to clients' expectations and improve satisfaction.

This guide outlines how best to administer the CS Tool or questionnaire. There is a step-by-step guide to the process and check list which can be used to assist in organising the gathering of the data.

## **Client Satisfaction**

Measuring Client or patient satisfaction has become an integral part of hospital/clinic management strategies across the globe. Moreover, the quality assurance and accreditation process in most countries requires that the satisfaction of clients be measured on a regular basis.

## **Who should use this manual**

Client Satisfaction Tools (CS Tool) should be a key instrument in any hospital/clinic management strategy, provided the CS tool has been well designed and is administered in a scientific manner. To ensure full participation from the client, the CS tool must be easily understood, and it must take cognisance of the client's ability to complete the survey while still maintaining confidentiality.

## **Purpose of Client Satisfaction Survey**

- Measure satisfaction level of clients utilising health services
- Bridge gaps in health care service delivery based on the outcome of the survey
- Allow our clients to tell us how bad or good we serve them
- Inculcating a culture of continuous QA-improvement

# Step-by-step guide to measuring client satisfaction

There are 5 main components to measure client satisfaction, these components are:

Personnel  
Timing  
Fieldwork  
Data analysis  
Reporting back  
Personnel

There are two important aspects that fall under this component. Firstly the hospital needs to identify a representative from the management team whose duty it will be manage the whole research process. Secondly, a fieldworker needs to be identified who will administer the questionnaire to the clients.

## Roles and responsibilities of key role players during the project:

### Key role players

- Hospital management – CEO
- Hospital board
- Head of administration
- Quality assurance manager (will also be called the Client Satisfaction Coordinator)
- Health Information Officer at hospital or clinic
- Health Information Officer at district/regional level
- Provincial Health Information Officer
- Quality Assurance Manager at district/regional level
- Provincial Quality Assurance Directorate – steered by the Director

### Hospital Management - CEO

- The CEO must be the ultimate driver
- Identifies a person from the hospital's management team to manage the project. For the purposes of this project this person shall be known as the Client Satisfaction Co-ordinator (CSC).
- Provide the necessary support to the CSC
- Communicate with the Hospital Board to identify field workers that will conduct the survey
- Consider findings and trends and take steps for continuous improvement
- Implement collaborative plan to address shortfalls
- Evaluate the effectiveness of the plan
- Repeat the survey every 6 months
- Budget for the survey on an annual basis

### Hospital Board

- Inform community of survey
- Identify fieldworkers from the community

- Select, interview and appoint as per set criteria
- Communicate with CSC
- Support the process where necessary
- Give inputs on the quality improvement plan based on survey results
- Give feedback to the community on survey results and planned action to improve services
- Ideally the hospital boards must assist in paying the fieldworkers

## **Head of Administration**

- Support CSC with logistical issues, e.g. photostating, stationary, furniture, fieldworker contract and payment
- Support Hospital board with fieldworker selection process

## **The Client Satisfaction Co-ordinator**

- This role is usually taken on by the Quality Assurance Manager
- The CSC will be responsible for all activities related to the gathering of the data at the hospital (including, timing, recruitment of fieldworkers, overseeing fieldwork, and the reporting back of the data to the hospital management team)
- The CSC will monitor all trends and report to management.
- The CSC must be available during the week when data is gathered at the hospital.
- The CSC is requested to keep a little journal on experiences during the CSS. Write down anything that was interesting, important to remember, lessons learned, good practices, etc.
- Organise suitable incentive/ remuneration for the fieldworker
- Make sure the same person(s) interview all the patients to ensure that the questions are always asked in the same way.
- Organising a back-up for the fieldworker if she/he is ill.
- The CSC will, where applicable, seek training and assistance with the gathering of the data provide training for the fieldworker
- Ensure payment of the fieldworker once fieldwork has been completed
- Write a reference for the fieldworker for job experience
- Coordinate writing of the report
- Submit final report to the provincial office

## **The Health Information Manager (Local)**

- The Health Information Manager (HIM) must ensure capturing of the questionnaires
- Export and submit captured data to District/Regional and Provincial office
- The HIM will be responsible for data extraction, analysis and creation of graphs
- Must support the QA team with data interpretation and presentation of the data

## **The Health Information Manager (District/Regional)**

- The Health Information Manager (HIM) must give the necessary support as required by the Information Manager at hospital level
- Ensure that all facilities in the district/region submitted data to District/Regional and Provincial level
- The HIM will be responsible for importing data, data extraction, analysis and creation of graphs at district/regional level

- Support the District/Regional QA team with data interpretation and presentation of the data

## **The Health Information Manager (Provincial)**

- The Health Information Manager (HIM) must give the necessary support as required by the Information Managers at district/regional and hospital level
- Ensure that all facilities in the district/region submitted data Provincial level
- The HIM will be responsible for importing data, data extraction, analysis and creation of graphs at provincial level
- Support the Provincial QA team with data interpretation and presentation of the data

## **Quality Assurance Manager at District/Regional level**

- Support the entire process
- Analyse and interpret the results from the surveys done within the district/region
- Give feedback to hospitals
- Support hospitals on quality assurance initiatives
- Facilitate sharing of best practices
- Support / develop continuous quality assurance initiatives

**Fieldworkers:** For the purposes of this study the fieldworker will be known as the Client Satisfaction Fieldworker (CSF).

A suitable person for the fieldwork is someone with the following attributes:

- The CSF must not be an employee of the hospital,
- The CSF must have no family who work for the hospital,
- The CSF must be friendly and able to speak the local languages,
- The CSF must be literate, and be able to read and write well,
- The CSF must be timeous, and available all day long for the whole week
- The CSF must keep the completed questionnaire safely stowed until they have been handed over to the CS Co-ordinator.
- The CSF must have a bank account and ID number, to enable electronic transfer of money
- The CSF must be in possession of a Cell phone

## **Timing**

It is recommended that the questionnaire be administered:

- every 6 months
- from Monday to Friday (i.e. for one week)
- from 8:30 am to 4:00pm

## Fieldwork

There are four important aspects of fieldwork, namely training, time, set up and administering the questionnaire.

### 1. Fieldwork: In terms of training:

- The Client Satisfaction Fieldworker must be well orientated:
  - Familiarise the fieldworker with the environment
  - Go through the questionnaire
  - Do one or two role plays to make sure that the fieldworker is confident
  - Guide the fieldworker on how to cope with patients demands (e.g. other duties, taxi fees)

### 2. Fieldwork: In terms of time:

- The Client Satisfaction Fieldworker must be in position from 8:30 to 4:00 every day
- The CSF cannot be late or leave early otherwise they may miss clients leaving the hospital early. This will negatively affect the validity of the findings.

### 3. Fieldwork: In terms of set up:

- For interviewing outpatients the CSF must try and position themselves as close to the hospital exit as possible (the pharmacy exit is often a good place)
- Inpatients can be interviewed in the ward, in an identified private area, prior to discharge
- The CSF must have tables and chairs (these will make it easier to fill in the questionnaire and it allows the client to sit down while the CSF talks to them)
- Materials needed by CSF – sufficient questionnaires (100 a day), pens, pencils, rubber
- One A4 envelope for each day – mark the day and date on each envelope – it is very important that only the questionnaires from that day go into the envelope marked for that day (i.e. only questionnaires collected on Monday must go into the envelope marked Monday). If no envelope is available separate the questionnaires with an elastic band, making sure that it is clear which set of questionnaires were completed on which day.

### 4. Fieldwork: In terms of administering the questionnaire the CSF must do the following:

(See Addendum A for guideline to fieldworker)

- Introduce themselves and then ask the client if they may interview them
- Explain briefly the nature of the study (that the health services want to try and improve services to all the patients).
- Emphasise the confidentiality of the study (i.e. no names of clients will be recorded)
- Ask for the client's permission – along the lines of "is it ok to ask you a few questions".
- Take the client through the questionnaire explaining how it works
- Ask the questions very clearly as they are written and let the patient decide their response. (Remember that it is the client's perception of the service that is being measured and not what the CSF thinks the perception of the client is! Do not try to influence the client's answer.)

- Thank them for their time
- Number the questionnaires in consecutive order each day (starting from 1) and date them.
- Place completed questionnaire in the marked envelope
- Keep the in- and outpatient questionnaires separate

## **Data analysis and Reporting Back**

The CSC must ensure that the data is entered into the Client Satisfaction Programme for analysis. The CSS data can be generated into pivot tables or standard reports.

The negative statements, questions 1, 2, 6, 7, 20, 22 & 24, are converted from negative to positive statements in the pivot tables and standard reports. An average score of “2” represents a very positive level of satisfaction and “-2” a very low level of satisfaction.

Once the data has been analysed the trends should be reported back to the hospital management. Data must be analysed and interpreted according to the following categories:

### **Access:**

- It takes more than 30 minutes to get to the hospital
- It costs more than R20,00 to get to the hospital
- The out-patients/ casualty department has convenient hours of opening.
- The hospital made sure I got a lift home.

### **Assurance:**

- I did not feel safe at night in the hospital.
- The hospital will tell my local health clinic about my future care needs.
- My privacy was respected by all the staff
- The staff at the hospital answered all my questions about my illness.

### **Empathy:**

- The nurse who treated me listened to my problems
- The doctor who treated me was polite
- My privacy was respected by all the staff

### **General satisfaction:**

- I was very bored in the hospital.
- Next time I am ill I will come back here.
- I was pleased with the way I was treated at the hospital
- If my friends are sick I will tell them to come to this hospital.

### **Reliability:**

- The doctor explained to me what was wrong with me.

- If I received medicines/ pills I did not have to wait long for them.
- When I needed help at night, there was always a nurse to help me.
- I had to wait a long time to get my folder

### Responsiveness:

- The person who gave me my folder was helpful
- The hospital will tell my local health clinic about my future care needs.
- When I needed help at night, there was always a nurse to help me.
- Visiting hours were not long enough.

### Tangibles:

- The hospital is in good condition
- The hospital is clean
- The toilets are dirty
- There was a bench for me to sit on while I waited
- The ward was clean.
- The bedding was clean.
- The food was good.

### Analysis of data

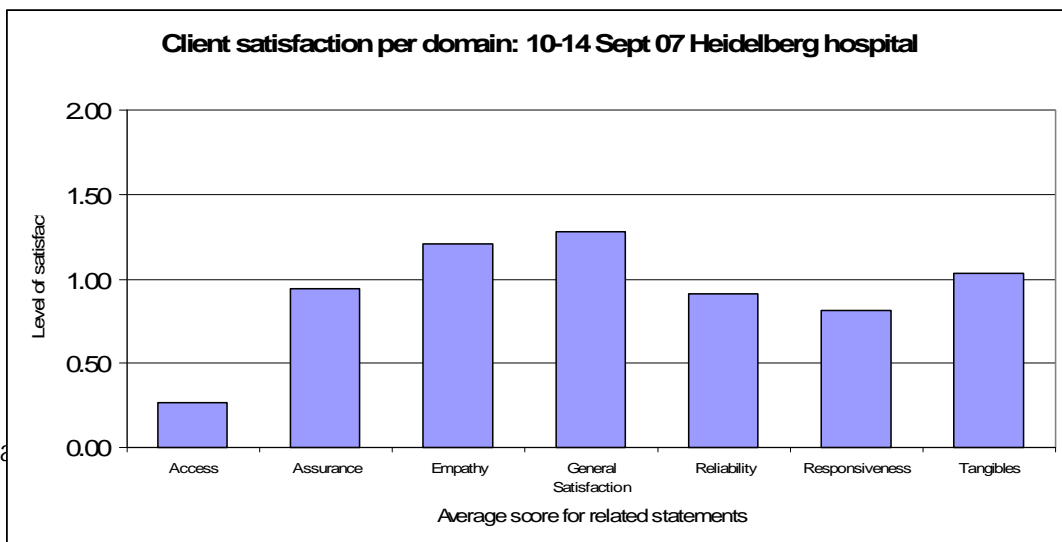
The analysis of data is discussed further in the CSS software manual.

### Interpretation and reporting

Take the following steps when interpreting the results:

Step 1: Use the Domain graph and interpret the results by looking at the average score per domain. Select those domains that appear lowest. Any score below 1 should alert management for action. The suggestion is not to select more than 2 domains as it is often not possible to have proper interventions on more than two.

Note that a score of 2 means 100% satisfaction by all clients, a score of 1 means a 50% satisfaction level and a score of 0 means clients are neither satisfied nor unsatisfied.



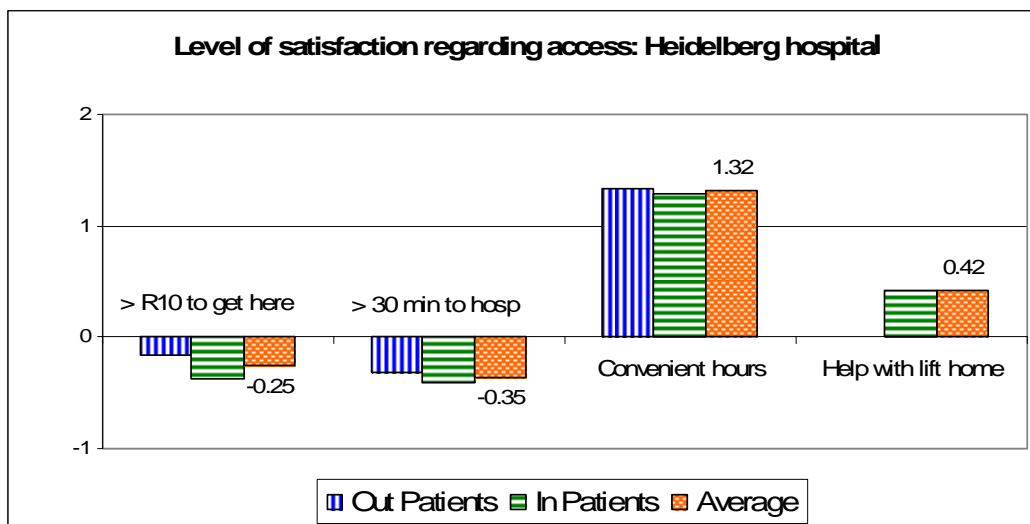


We are going to look at access and responsiveness for the purpose of this exercise.

Step 2: Look at the results for each of the questions that relate to the domains selected in step 1 for intervention. List the selected domains and the related questions with their average scores.

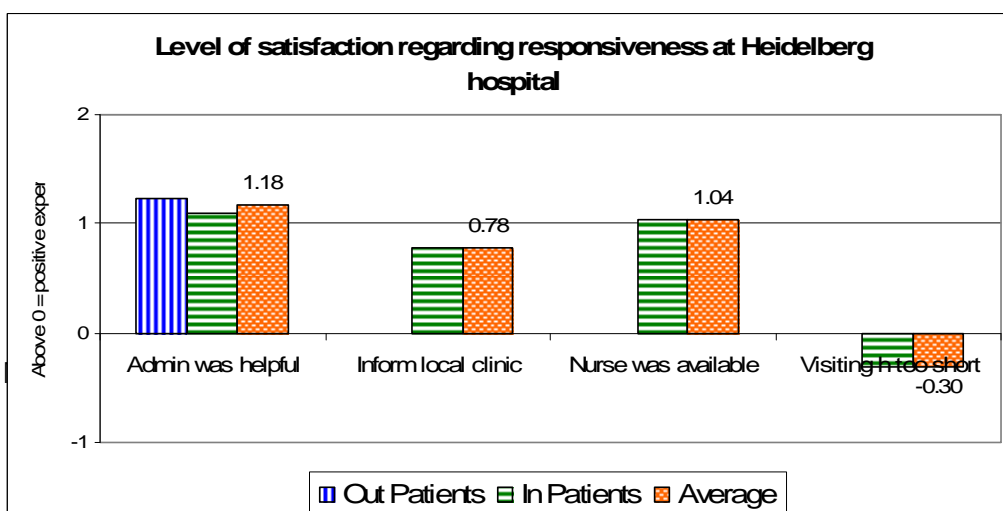
**Access:**

- It takes more than 30 minutes to get to the hospital
- It costs more than R20,00 to get to the hospital
- The out-patients/ casualty department has convenient hours of opening.
- The hospital made sure I got a lift home.



**Responsiveness:**

- The person who gave me my folder was helpful
- The hospital will tell my local health clinic about my future care needs.
- When I needed help at night, there was always a nurse to help me.
- Visiting hours were not long enough.
- 



Step 3: Summarise and group the comments made on the additional loose page. This forms the qualitative section of the assessment.

Step 4: Describe what you see, for example the problem areas in the responsiveness graph are “hospital do not tell my local health clinic about my future care needs”, “visiting hours are not long enough” and even “availability of nurses at night”.

Using the findings:

Step 5: These findings must start discussions within the hospital. These discussions aim to sensitise health workers to the perception of clients and, secondly, agree on targets for service delivery at the hospital. Link this to both the Batho Pele programme and the Charter for Patients' Rights.

Step 6: The identified problem areas require focused intervention. The quality improvement team, inclusive of relative stakeholders, analyses these problem areas and recommend solutions. The team will look at the areas that pull the score down and give special attention to them

Step 7: The management team review the recommended solutions/interventions and take decisions.

Step 8: The management team monitors the implementation and the changes in levels of satisfaction

## Checklist for Client Satisfaction Survey

Activity	Who?	Person responsible	Task completed
<b>Prepare for CSS</b>			
Set dates for when the CS tool will be administered	CSS team		
Inform hospital management when the CS tool will be administered	QA director		
Determine number of questionnaires to be administered	HIO & QA		
Identify Client Satisfaction Fieldworkers	CSC		
Organise back – up for fieldworker	CSC		
Get approval and arrange incentives for the fieldworker	QA director		
Organise for field workers to sign contracts	CSC		
Update CS fieldworker database	CSC		
Print questionnaires	QA		
Distribute questionnaires and stationery	QA		
Sign for questionnaires and stationery	CSC		
Ensure you have sufficient questionnaires	CSC		
Make sure you have pencils and rubbers	CSC		
Make sure you have 5 A4 envelopes for each fieldworker	CSC		
Identify data capturer for CSS	HIO		
<b>Run CSS</b>			
Onsite training of fieldworkers	CSC		
Onsite training of data capturers	HIO		
Distribute questionnaires and stationery to fieldworkers	CSC		
Interview 100 clients per day (Small hospitals will be less)	Fieldworkers		
Support visits to hospitals	CSC & HIO		
Collect completed questionnaires from CS Fieldworker	CSC		
Keep register of questionnaires and sign off	QA hospital		
Print additional questionnaires if needed	QA hospital		
Pay fieldworkers on completion of project	HST		
Organise completed questionnaires for data capturing	HIO		
Keep register of questionnaires and sign off	Data capturer		
<b>Reporting</b>			
Extract and analyse captured data	HIO		
Export data to Provincial Info Unit	HIO		
Interpret analysed data	CSC & HIO		
Writing report at facility level	CSC & HIO		
Present report to hospital management	CSC & HIO		
Analyse provincial data	Prov Data Mx		
Writing report at provincial level	CSC & HIO		
Present report to top management	CSC & HIO		

<b>Action plan</b>			
Hospital action plan based on results	Hosp Mx		
Hospital action plan signed by QA and Management	QA & HospMx		
Send action plan to Provincial QA directorate for monitoring	QA hospital		
<b>Evaluate process</b>			
Reflect on process and materials	Hosp Mx		
Record lessons learned	Hosp Mx		

## Client Satisfaction Survey Questionnaire

	<b><i>Ask Inpatients and Outpatients</i></b>	Strongly Disagree	Disagree	Unsure	Agree	Strongly agree
1	It takes more than 30 minutes to get to the hospital	-2	-1	0	1	2
2	It costs more than R20,00 to get to the hospital	-2	-1	0	1	2
3	The hospital is in good condition	-2	-1	0	1	2
4	The hospital is clean	-2	-1	0	1	2
5	The out-patients/ casualty department has convenient hours of opening.	-2	-1	0	1	2
6	The toilets are dirty	-2	-1	0	1	2
7	I had to wait a long time to get my folder	-2	-1	0	1	2
8	There was a bench for me to sit on while I waited	-2	-1	0	1	2
9	The person who gave me my folder was helpful	-2	-1	0	1	2
10	The nurse who treated me listened to my problems	-2	-1	0	1	2
11	The doctor who treated me was polite	-2	-1	0	1	2
12	I was pleased with the way I was treated at the hospital	-2	-1	0	1	2
13	The doctor explained to me what was wrong with me	-2	-1	0	1	2
14	My privacy was respected by all the staff	-2	-1	0	1	2
15	If I received medicines/ pills I did not have to wait long for them	-2	-1	0	1	2
16	Next time I am ill I will come back here.	-2	-1	0	1	2

<b>Ask Inpatients <i>Only</i> (Clients who spent at least two nights in the hospital)</b>						
		Strongly Disagree	Disagree	Unsure	Agree	Strongly agree
17	The ward was clean.	-2	-1	0	1	2
18	The bedding was clean.	-2	-1	0	1	2
19	The food was good.	-2	-1	0	1	2
20	Visiting hours were not long enough.	-2	-1	0	1	2
21	The staff at the hospital answered all my questions about my illness.	-2	-1	0	1	2
22	I was very bored in the hospital.	-2	-1	0	1	2
23	When I needed help at night, there was always a nurse to help me.	-2	-1	0	1	2

24	I did not feel safe at night in the hospital.	-2	-1	0	1	2
25	The hospital helped me to organise a lift home	-2	-1	0	1	2
26	The hospital will tell my local health clinic about my future care needs.	-2	-1	0	1	2
27	If my friends are sick I will tell them to come to this hospital.	-2	-1	0	1	2

## *Addendum A*

### **Fieldworker interview guide**

- Introduce yourself and then ask the patient (make sure it's a patient and not a visitor!) if you may interview him/her.
- Explain briefly the nature of the study (that the health services want to try and improve services to all the patients).
- Emphasise the confidentiality of the study (i.e. no names of clients will be recorded)
- Ask for the patient's permission – along the lines of “Is it OK to ask you a few questions?”
- It is OK if the patient asks to complete the questionnaire him/herself. Just make sure that the patient understands the questionnaire and make sure that all the questions were ticked.
- Take the client through the questionnaire explaining how it works:  
“Based on your experiences as a patient at this hospital, please tell us whether you strongly agree, disagree, don't know, agree, or strongly agree with the following statements”.
- The patient may only choose one answer per question.
- Ask the questions very clearly as they are written and let the patient decide their response. (Remember that it is the client's perception of the service that is being measured and not what the CSF thinks the perception of the client is! Do not try to influence the client's answer.)
- Mark the answer for each question by circling the number. For example, if the patient disagrees with a statement you would circle -1, if he/she agrees with the statement you would circle 1.
- You must interview more or less the same number of in- and outpatients.
- You must ask question 1-16 for outpatients and 1-27 for inpatients.
- As far as possible, choose inpatients that already spent at least two nights in hospital.
- Thank them for their time.
- Number the questionnaires in consecutive order each day (starting from 1) and date them.
- Place completed questionnaire in the marked envelope.

- Keep the in- and outpatient questionnaires separate

*Addendum B*

## **Frequently asked questions**

The set of questions listed below are frequently asked by fieldworkers.

### **▪ How often do I collect the data?**

We recommend that you collect this data at least every three to six months.

### **▪ Where do I do the interviews?**

We know that all hospitals are different, but here are a few ideas on how to “find” patients for interviewing:

- The CSFs can position themselves close to the pharmacy
- The CSFs can position themselves close to the exit door of the outpatient department
- Inpatients:
  - Find an area (to ensure confidentiality) in the ward where patients can be interviewed
  - All CSFs must concentrate on inpatients till 11h00, to “catch” the discharged patients
  - An example for even distribution of patients:
    - The CSF must interview 250 inpatients and there are 20 wards in the hospital
    - To interview more of less 13 patients per ward
    - Ask Sister-in-charge to identify patients due to be discharged / in hospital for more than 2 days
    - Interview the patients identified

### **▪ Who do I Interview?**

Interview all patients, whether they are in-patients or those who have been visiting the specialist clinics or outpatients. Please note that if the patient is a child then interview the adult who has brought the child.

If there is a rush with too many people at the same time, accept it and just record the number. Do report it, however, to the CSC who should look at the trends and arrange for future assistance.

- **When do I interview the patients?**

Outpatients:

Interview patients as they leave the pharmacy, **after** they have collected their drugs.

Inpatients:

Check with the person in charge of the ward which patients are due for discharge in the morning. Ask these patients whether they can be interviewed and a private area.

Each interview should take 5 minutes or less.

- **What do I do if a client refuses to complete the questionnaire?**

You cannot force someone to complete the questionnaire if they do not want to. Try to be firm, but polite with them. Indicate the genuine wish of the hospital to improve services.

If they still do not want to complete the questionnaire try to establish why they will not complete the questionnaire and record their comment on the questionnaire. It is perfectly understandable that some patients would not fill out the questionnaires, especially if they are running late. If however they are too scared to complete the questionnaire you need to record that and alert the CSC.

Record the number of clients that did not want to complete the questionnaire and submit to the CSC.

- **What should I do when a patient wants to make suggestions or lay a complaint?**

You need to record the comments and assure the client that all suggestions are most welcome. Use the loose page to record such comments. Remember to keep it anonymous (do not add a name).

If the client wants to lay a complaint they need to follow the hospital's formal procedures. Therefore steer the client in the right direction so that they can go and lay the complaint. The CSC will assist you.

- **What do I do if a client asks me for money for the taxi?**

Explain to the client that you ....

- **What do I do if a client wants me to perform other duties, like taking a family member to a clinic?**

Explain to the client that you have been appointed to do a specific job and that you will get into trouble if you do not meet your targets.

**Service level agreement**  
between  
**Client Satisfaction Survey Fieldworker**  
and  
**Client Satisfaction Coordinator**

\_\_\_\_\_ (hospital name) is contracting  
\_\_\_\_\_ (full names of customer satisfaction fieldworker) to interview  
patients in a Client Satisfaction Survey from \_\_\_\_\_ (start date) till \_\_\_\_\_ (finish date).

I, the fieldworker, agree on with the following:

- I will work from 8h30 till 16h00 from Monday \_\_\_\_\_ (date) till Friday \_\_\_\_\_ (date).
- Lunch will be from 13h00 till 13h45. Tea will be 15 minutes in the morning.
- I cannot be late or leave early otherwise I may miss clients leaving the hospital early and this will affect the validity of the findings.
- I will complete at least \_\_\_\_\_ questionnaires per day.
- I will mark the questionnaires as instructed and put in a marked envelope. This will be given to the Client Satisfaction Coordinator.
- I will be friendly to the patients and follow the guidelines on how to conduct an interview.
- I will pay for my own transport and meals during this period.
- I will keep my cell phone with me at all times during this survey, so that the Client Satisfaction Coordinator can contact me.

Please complete the following details to ensure payment:

Full names as it appears on bank account: \_\_\_\_\_

ID number: \_\_\_\_\_

Tel no: \_\_\_\_\_

Bank: \_\_\_\_\_ Account number: \_\_\_\_\_

Type of account: \_\_\_\_\_ Branch code: \_\_\_\_\_ (essential for payment)



The hospital will ensure:

- payment within four to six weeks after completion of the client satisfaction survey
- the fieldworker will be paid R \_\_\_\_\_ per day
- supply of a reference letter on completion of the client satisfaction survey

Fieldworker: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

Client Satisfaction Coordinator: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (full names) \_\_\_\_\_ (tel)

*Addendum D*

## Example of reference letter for fieldworker



GAUTENG DEPARTMENT OF HEALTH  
PRETORIA ACADEMIC HOSPITAL  
Private Bag x169, Pretoria 0001

**Enquiries:** Mrs. ED Venter  
**Telephone:** (012) 354 2363  
**Facsimile:** (012) 354 5346  
**E-mail:** evelynve@gpg.gov.za  
**Date:** 22 February 2008

### TO WHOM IT MAY CONCERN:

This is to certify that \_\_\_\_\_ was a Patient/ Client Satisfaction Survey field worker at Pretoria Academic Hospital for the period 18 to 22 February 2008.

He was on duty promptly at the stipulated time. He interviewed the required number of patients/ clients and completed the allotted survey questionnaires daily. His manner was respectful and courteous toward patients/ clients and hospital personnel alike.

Pretoria Academic Hospital's Quality Assurance Department would like to thank for \_\_\_\_\_ assisting with total quality management at our institution.

Thank you

Mrs. ED Venter  
Quality Assurance  
Pretoria Academic Hospital

Reporting template

*Addendum E*

**Gauteng Department of Health**  
**\_\_\_\_\_Hospital**

**Client Satisfaction Survey Report**  
**Date: \_\_\_\_\_**

**CSS task team:**  
**CSS coordinator:** \_\_\_\_\_  
**Data capturing:** \_\_\_\_\_  
**Analysis:** \_\_\_\_\_  
**Report:** \_\_\_\_\_

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## **Background**

Care for the patient is the fundamental aim of health services. Although consumers in South Africa are increasing aware of their rights, they often have no formal mechanism to have their voice heard. The assessment of client satisfaction, therefore, forms an important part of the management of a health facility.

Client satisfaction is the level of satisfaction that clients experience after having used a service. Client satisfaction is of fundamental importance as a measure of the quality of care, because it reflects the difference between the expected services and the perception or actual experience of the service.

Expectations of the service are influenced by past experiences, external influences, personal needs and word of mouth.

Actual experiences or perceptions of the service are influenced by the various dimensions of service quality; tangibles, reliability, responsiveness, empathy, assurance, access and general satisfaction.

Hospital background ....

Drainage population

No patients seen in week

Average length of stay

Bed occupancy

Special circumstances, eg renovations, strikes, raining during survey

## **Aim**

The aim of the Client Satisfaction Survey (CSS) is to measure the satisfaction levels of patients of \_\_\_\_\_ hospital situated in the \_\_\_\_\_ district in Gauteng.

The analysed results of the CSS will guide management to identify the problem areas and action will be planned accordingly.

## Method

The CSS was done from \_\_\_\_\_ (dates).

Advertise

Recruitment

The fieldworkers were placed .....

The fieldworkers completed \_\_\_\_\_ questionnaires in total during this period, \_\_\_\_ from inpatients and \_\_\_\_ from outpatients. *Record number of patients that refused to be interviewed if you kept a record.*

\_\_\_\_ clients were discharged during this week and \_\_\_\_\_ clients were seen in outpatient departments. \_\_\_\_ % of all patients was interviewed.

## Results

### Access:

The following questions were asked in the access category:

- It takes more than 30 minutes to get to the hospital
- It costs more than R10,00 to get to the hospital
- The out-patients/ casualty department has convenient hours of opening.
- The hospital made sure I got a lift home.

### *Insert Graph here*

Describe what you observe in graph.

What is good?

Which of these scores are pulling the overall score down?

Identify specific areas to be addressed (not more than two per category)

List reasons for scoring low in this area(s)

List plans of action to correct this.

### Assurance:

The following questions were asked in the assurance category:

- I did not feel safe at night in the hospital.
- The hospital will tell my local health clinic about my future care needs.
- My privacy was respected by all the staff
- The staff at the hospital answered all my questions about my illness.

### *Insert Graph here*

Describe what you observe in graph.  
What is good?  
Which of these scores are pulling the overall score down?  
Identify specific areas to be addressed (not more than two per category)  
List reasons for scoring low in this area(s)  
List plans of action to correct this.

**Empathy:**

The following questions were asked in the empathy category:

- The nurse who treated me listened to my problems
- The doctor who treated me was polite
- My privacy was respected by all the staff

***Insert Graph here***

Describe what you observe in graph.  
What is good?  
Which of these scores are pulling the overall score down?  
Identify specific areas to be addressed (not more than two per category)  
List reasons for scoring low in this area(s)  
List plans of action to correct this.

**General satisfaction:**

The following questions were asked in the general satisfaction category:

- I was very bored in the hospital.
- Next time I am ill I will come back here.
- I was pleased with the way I was treated at the hospital
- If my friends are sick I will tell them to come to this hospital.

***Insert Graph here***

Describe what you observe in graph.  
What is good?  
Which of these scores are pulling the overall score down?  
Identify specific areas to be addressed (not more than two per category)  
List reasons for scoring low in this area(s)  
List plans of action to correct this.

**Reliability:**

The following questions were asked in the reliability category:

- The doctor explained to me what was wrong with me.
- If I received medicines/ pills I did not have to wait long for them.
- When I needed help at night, there was always a nurse to help me.
- I had to wait a long time to get my folder

### ***Insert Graph here***

Describe what you observe in graph.

What is good?

Which of these scores are pulling the overall score down?

Identify specific areas to be addressed (not more than two per category)

List reasons for scoring low in this area(s)

List plans of action to correct this.

### **Responsiveness:**

The following questions were asked in the responsiveness category:

- The person who gave me my folder was helpful
- The hospital will tell my local health clinic about my future care needs.
- When I needed help at night, there was always a nurse to help me.
- Visiting hours were not long enough.

### ***Insert Graph here***

Describe what you observe in graph.

What is good?

Which of these scores are pulling the overall score down?

Identify specific areas to be addressed (not more than two per category)

List reasons for scoring low in this area(s)

List plans of action to correct this.

### **Tangibles:**

The following questions were asked in the tangibles category:

- The hospital is in good condition
- The hospital is clean
- The toilets are dirty
- There was a bench for me to sit on while I waited
- The ward was clean.
- The bedding was clean.
- The food was good.

## ***Insert Graph here***

Describe what you observe in graph.

What is good?

Which of these scores are pulling the overall score down?

Identify specific areas to be addressed (not more than two per category)

List reasons for scoring low in this area(s)

List plans of action to correct this.

### **Plan of action**

Finding/problem	Action	Target date	Person responsible
Inpatients feel unsafe at night	<ul style="list-style-type: none"><li>▪ Night staff to do regular rounds at night</li><li>▪ Security guards must be more visible to patients</li><li>▪ Ensure a nurse supervisor for night duty</li><li>▪ Have bells or other mechanism to ensure patient receive immediate attention at night in all wards</li></ul>		
Visiting hours are too short	<ul style="list-style-type: none"><li>▪ Extend visiting hours over weekends</li><li>▪ Nursing staff to be polite when dismissing visitors</li><li>▪ Nursing staff receive delegation to be flexible about visiting time where appropriate</li></ul>		
Not enough benches at outpatients	Purchase additional benches		
Hospital not accessible	<ul style="list-style-type: none"><li>▪ Liaise with the local Taxi association for a more regular transport service to and from the hospital</li><li>▪ Sensitise the community committee on how the ambulance service operates</li></ul>		



## Conclusion

*(Expressing views based on results)*

The CSS needs to be done every 6 months to assess if there is any improvement in the service rendered at \_\_\_\_\_ hospital.

## Addendum A

### Client Satisfaction Survey Questionnaire

	<b><i>Ask Inpatients and Outpatients</i></b>	Strongly Disagree	Disagree	Unsure	Agree	Strongly agree
1	It takes more than 30 minutes to get to the hospital	-2	-1	0	1	2
2	It costs more than R20,00 to get to the hospital	-2	-1	0	1	2
3	The hospital is in good condition	-2	-1	0	1	2
4	The hospital is clean	-2	-1	0	1	2
5	The out-patients/ casualty department has convenient hours of opening.	-2	-1	0	1	2
6	The toilets are dirty	-2	-1	0	1	2
7	I had to wait a long time to get my folder	-2	-1	0	1	2
8	There was a bench for me to sit on while I waited	-2	-1	0	1	2
9	The person who gave me my folder was helpful	-2	-1	0	1	2
10	The nurse who treated me listened to my problems	-2	-1	0	1	2
11	The doctor who treated me was polite	-2	-1	0	1	2
12	I was pleased with the way I was treated at the hospital	-2	-1	0	1	2
13	The doctor explained to me what was wrong with me	-2	-1	0	1	2
14	My privacy was respected by all the staff	-2	-1	0	1	2
15	If I received medicines/ pills I did not have to wait long for them	-2	-1	0	1	2

16	Next time I am ill I will come back here.	-2	-1	0	1	2
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<b>Inpatients <i>Only</i> (Clients who spent at least two nights in the hospital)</b>						
		Strongly Disagree	Disagree	Unsure	Agree	Strongly agree
17	The ward was clean.	-2	-1	0	1	2
18	The bedding was clean.	-2	-1	0	1	2
19	The food was good.	-2	-1	0	1	2
20	Visiting hours were not long enough.	-2	-1	0	1	2
21	The staff at the hospital answered all my questions about my illness.	-2	-1	0	1	2
22	I was very bored in the hospital.	-2	-1	0	1	2
23	When I needed help at night, there was always a nurse to help me.	-2	-1	0	1	2
24	I did not feel safe at night in the hospital.	-2	-1	0	1	2
25	The hospital made sure I got a lift home.	-2	-1	0	1	2
26	The hospital will tell my local health clinic about my future care needs.	-2	-1	0	1	2
27	If my friends are sick I will tell them to come to this hospital.	-2	-1	0	1	2

## **Addendum B**

### **Questions categorised according to dimensions of service quality:**

#### **Access:**

- It takes more than 30 minutes to get to the hospital
- It costs more than R20,00 to get to the hospital
- The out-patients/ casualty department has convenient hours of opening.
- The hospital made sure I got a lift home.

#### **Assurance:**

- I did not feel safe at night in the hospital.
- The hospital will tell my local health clinic about my future care needs.
- My privacy was respected by all the staff
- The staff at the hospital answered all my questions about my illness.

#### **Empathy:**

- The nurse who treated me listened to my problems
- The doctor who treated me was polite
- My privacy was respected by all the staff

#### **General satisfaction:**

- I was very bored in the hospital.
- Next time I am ill I will come back here.
- I was pleased with the way I was treated at the hospital

- If my friends are sick I will tell them to come to this hospital.

**Reliability:**

- The doctor explained to me what was wrong with me.
- If I received medicines/ pills I did not have to wait long for them.
- When I needed help at night, there was always a nurse to help me.
- I had to wait a long time to get my folder

**Responsiveness:**

- The person who gave me my folder was helpful
- The hospital will tell my local health clinic about my future care needs.
- When I needed help at night, there was always a nurse to help me.
- Visiting hours were not long enough.

**Tangibles:**

- The hospital is in good condition
- The hospital is clean
- The toilets are dirty
- There was a bench for me to sit on while I waited
- The ward was clean.
- The bedding was clean.
- The food was good.

**Addendum C**

**Table: Average level of satisfaction by category at Heidelberg hospital**

Category	Question	Out Patients	In Patients	Average
Access	> R20 to get here	-0.16	-0.38	-0.25
	>30 min to hospital	-0.32	-0.41	-0.35
	Convenient hours	1.34	1.29	1.32
	Help with lift home	NA	0.42	0.42
Assurance	I did not feel safe	NA	0.97	0.97
	Inform local clinic	NA	0.78	0.78
	Privacy respected	0.92	0.91	0.92
	Staff informed me	NA	1.11	1.11
Empathy	Doctor was polite	1.57	1.40	1.50
	Nurse listened	1.21	1.20	1.21
	Privacy respected	0.92	0.91	0.92
General Satisfaction	I was very bored	NA	0.49	0.49
	I will come back	1.44	1.37	1.41
	Pleased w treatment	1.49	1.43	1.47
	Will recommend	NA	1.25	1.25
Reliability	Doctor explained	1.41	1.10	1.28
	No wait 4 medicine	0.89	0.87	0.88
	Nurse was available	NA	1.04	1.04
	Wait long for folder	0.43	0.62	0.51
Responsiveness	Admin was helpful	1.23	1.10	1.18
	Inform local clinic	NA	0.78	0.78

	Nurse was available	NA	1.04	1.04
	Visiting h too short	NA	-0.30	-0.30
Tangibles	Bedding was clean	NA	1.26	1.26
	Bench to sit on	1.35	1.40	1.37
	Hospital - good cond	0.86	0.94	0.89
	Hospital is clean	0.96	0.93	0.95
	The food was good	NA	1.06	1.06
	The ward was clean	NA	1.22	1.22
	Toilets are dirty	0.64	0.83	0.72